

Examples of successful cases

Case #1

The Ohio Attorney General's Medicaid Fraud Control Unit played a lead role in negotiating the largest health care fraud settlement in history, returning \$1 billion plus interest to state and federal governments. The subject of the case, a major pharmaceutical manufacturer, paid kickbacks to doctors and engaged in off-label marketing campaigns that improperly promoted several drugs. Under the settlement, the company paid more than \$32 million in restitution, penalties, and interest to the Ohio Medicaid program.

Case #2

A Clinton County pharmacist was convicted of 16 counts of health care fraud and 21 counts of making false statements after seeking Medicaid reimbursement for medications he did not dispense – and for which there were no prescriptions. Following an investigation by the Medicaid Fraud Control Unit and federal authorities, he was sentenced to 36 months in prison and two years of community control, fined \$3,700, and ordered to pay more than \$1 million in restitution.

Case #3

An investigation by the Attorney General's Medicaid Fraud Control Unit revealed that the owners of a Franklin County ambulette company were billing Medicaid for wheelchair transportation they did not provide. Criminal charges were brought, and the owners were convicted of felony theft by deception. They were given suspended seven-month prison sentences, ordered to make restitution of more than \$290,000, and placed on two years of community control.

Medicaid Fraud



Ohio Attorney General's Office
Health Care Fraud Section
Medicaid Fraud Control Unit
150 E. Gay St., 17th Floor
Columbus, OH 43215
614-466-0722

Attorney General's Help Center
800-282-0515

For more information or
to report possible Medicaid fraud, visit
**[www.OhioAttorneyGeneral.gov/
ReportMedicaidFraud](http://www.OhioAttorneyGeneral.gov/ReportMedicaidFraud)**.



MIKE DeWINE
OHIO ATTORNEY GENERAL

www.OhioAttorneyGeneral.gov


Protecting Ohio's Families

Recognize and report Medicaid fraud

Ohio Attorney General
Mike DeWine's office
investigates Medicaid
provider fraud. By learning
to recognize the crime,
you can be part of
the solution.



MIKE DeWINE
OHIO ATTORNEY GENERAL



Medicaid is a vital program that provides health care benefits to low-income and medically fragile Ohioans of all ages. We all share the cost of this \$15.4 billion a year program.

Unfortunately, the actions of some to defraud the Medicaid system cost Ohio taxpayers millions of dollars each year and deprive our neediest residents of the care they need.

Ohio Attorney General Mike DeWine's office is committed to fighting fraud and corruption in state government as a whole and within the Medicaid program. The office's Medicaid Fraud Control Unit, recognized in 2011 as the No. 1 unit of its kind nationwide, works vigilantly to catch and prosecute criminals and to safeguard Ohio tax dollars.

Please contact the Medicaid Fraud Control Unit if you have knowledge of corrupt or deceptive practices by Medicaid providers.

To make a report:

- Call **614-466-0722** or **800-282-0515**
- Send a fax to **614-644-9973**
- Visit **www.OhioAttorneyGeneral.gov/ReportMedicaidFraud**

The responsibilities of the Medicaid Fraud Control Unit

Federal law authorizes Medicaid Fraud Control Units to investigate allegations of fraud and abuse involving the Medicaid program. Forty-nine states and the District of Columbia have such units, and each is subject to annual re-certification by the U.S. Department of Health and Human Services.



The Ohio General Assembly authorized the Attorney General to create and oversee the Ohio Medicaid Fraud Control Unit in 1978. Ohio Revised Code Sections 109.85 and 109.86 grant the unit original criminal jurisdiction in the investigation and prosecution of Medicaid fraud statewide and empower it to investigate allegations of patient abuse and neglect in Ohio's long-term care facilities. The unit's staff of more than 60 includes special agents, analysts, and attorneys.

In the past five years, the Medicaid Fraud Control Unit has:

- Investigated nearly 3,200 complaints of Medicaid fraud and patient abuse and neglect
- Generated 553 criminal indictments
- Secured 475 criminal convictions and 133 civil settlements
- Recovered \$279.9 million in criminal restitution and civil settlements

What constitutes Medicaid fraud?

- ✓ It is a crime to knowingly make or cause to be made false or misleading statements or representations to obtain Medicaid reimbursement. This includes — but is not limited to — billing for services or goods not provided and providing medically unnecessary services.
- ✓ Medicaid fraud schemes also can involve billing for a more expensive product or service than was actually delivered, billing separately for services that should be billed together, and billing twice for the same product or service.
- ✓ It also is illegal to dispense generic medications but bill for brand-name drugs, submit false information on Medicaid cost reports, charge co-pays, and provide kickbacks or rebates for goods or services for which Medicaid reimbursement will be sought. Managed care organizations cannot deny service to eligible recipients or fail to provide the level of service medically necessary or required.
- ✓ Medicaid fraud is a third-, fourth- or fifth-degree felony if more than \$150,000, \$7,500 or \$1,000, respectively, is illegally gained as a result.

